

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90448 037 ***150.00

DOCUMENT # P00000033674

1. Entity Name
HEATHER GRIFFITHS MASSAGE, INC.



Principal Place of Business
417 ELIZABETH ST.
KEY WEST FL 33040

Mailing Address
1514 4TH ST.
KEY WEST FL 33040



2. Principal Place of Business

1209 PEARL ST
Suite, Apt. #, etc.
D

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
KEY WEST, FL

City & State

4. FEI Number 65-1002464

Applied For
Not Applicable

Zip 33040 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITHS, HEATHER
417 ELIZABETH ST.
KEY WEST FL 33040

Name
Street Address (P.O. Box Number is Not Acceptable)
1209 PEARL ST D

City KEY WEST FL Zip Code 33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

HEATHER GRIFFITHS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GRIFFITH, HEATHER
STREET ADDRESS 417 ELIZABETH ST.
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE
NAME HEATHER GRIFFITHS ☒ Change ☐ Addition
STREET ADDRESS 1209 PEARL ST D
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED: HEATHER GRIFFITHS PRES. 2/10/03 305-294-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)